			DIVISION OF							
OLC EN	n = '40=/	STAI	NDARD CER	TIFIC	ATE OF	DEATH	St	ate File No	92	254_
BIRTH NO.	R 5 1954	} REG. DI	sr m 174		MADY BEG A	IST. NO. 3	-		27	
I, PLACE OF DEA	TH	KEG. DI	31. NO			SIDENCE (rgistrar's No.	stitution: re	
a. COUNTY		•		h	. STATE	ssouri		CHINTY	afa ve	adminion).
b. CITY (If outside cor	yette	RURAL and gi	te c. LENGTH	OF		ide corporate limit	e, write RURA			n cla
TOWN Lexin	igton	tos	rankip) STAY (in this		TOWN TAN	kington		-	•	0342
d. FULL NAME OF (I		Institution, giv			. STREET ADDRESS		give location)	1341	South	*
	xington	Memor	ial Hosp	<u>i t.d.1</u>		afayett	e Arms	Anat	tment	. s
3. NAME OF DECEASED	a. (First)		b. (Middle)		c. (Last)		4. DATE OF	(Month)	(Day)	(Year)
(Type or Print) HE	RMAN		HENRY		AEPERKO		DEATH	March	177	1954
5, SEX (6.)	COLOR OR RACE	7. MARRI WIDOW	ED, NEVER MARRIEI ED, DIVORCED (Spec		DATE OF BIRT	TH	last birtad	years if there ay) Months	Days H	ONDER 14 MES.
*****	ite	Mar	ried	0	<u>ctober</u>	<u>16 188</u>	<u>0 73</u>	5	<u> </u>	
10a. USUAL OCCUPATIO done during most of working	ig life, even if retired)	105 KIND	OF BUSINESS OR	IN• 11. FRY	BIRTHPLACE	(City and Stat	=	10	COUNT	EN OF WHAT RY?
ounty Supe	rintend		Schools			<u>e Count</u>			U.5	3 . A
3a. FATHER'S HAME	1		3b. MOTHER'S MAI		-		ME OF HUSB		_	. 4.4
erman Scha 5. was deceased ever			Caroline 16. SOCIAL SECUR			NT'S SIGN	a C. S			
(Yes. no. or unknown) (If .	yes, give war or date			NO. I						DDRESS
NO IB. CAUSE OF DEATH			None		TIFICATIO	eda Sch	ae De I K	.gerre	1 INTERV	Cing to
Enter only one cause per	I. DISEASE OR C DIRECTLY LEAD	CONDITION	πι _{α)} <u>Βινση</u>						ONSET	AND DEATH
ine for (a), (b), and (c)			(a)	CIT-10	1. Prien	INDYLIA:		<u> </u>	- -#	Neek_
*This does not mean	ANTECEDENT C	CAUSES	ing DUE TO (b)	OMOG	ctive	haznt d	Silur	o	-	
the mode of dying, such as heart failure, asthenia,	THE TO LEE GOODE	couse (a) star	ing DUE TO (B) <u></u>	2717			 		-	
te. It means the dis-	the underlying co	iuse last.	DUE TO (c)	·	•		-	- - -	1-	
ion which caused death.	II. OTHER SIGN		IDITIONS - PO	lycy	Llaemia				19	48
	Conditions contri related to the disc	ibuting to the c case or condition	death but not on causing death. Fr	acti	re nt.		v 31.	1953		
19a. DATE OF OPERA-	19b. MAJOR FIN	IDINGS OF C	PERATION				7		20. AUT	OPSY?
TION	l <u></u>		<u> </u>				4-3	341F	YES	ко 🔯
ZIA. ACCIDENT SUICIDE HOMICIDE	(Specify)		OF INJURY (e.g., in or a story, street, office bidg.,		. (CITY, TOW	, or townshi	P)	(COUNT Y)	(S	TATE)
					·		· · ·		. '.	
21d. TIME (Month) OF INJURY	(Day) (Year)		6. INJURY OCCURR		. HOW DID IN	JURY OCCUR?				
INJURY		- T- "Y	MORK AT WORK	<u> </u>		••	• •		-	· .
22. I hereby certify t				54.	19, to .	Mar. 17	, 1654			e deceased
alive on YAY	<u>1.17., 195</u>	4, and th	at death occurred			om the cause	and on th	e date state		
234. SIGNATURE		0	(Degree or til	le) 23	a. ADDRESS		14		23c. DA	TE SIGNED
	4131a	Ohen	\sim $M-D$	<u> </u>		xingtor			1 3/2	4/54
24a. BURIAL, CREMA- TION, REMOVAL (Spealty)) {	- 1	24c. NAME OF CEMI			1 '	ATION (City,	•		(State)
Burial	March 20	0 1954	Welling	ton	Cemeter Funeral g	MECTOR'S	ingtor	i, Mis	Souri	
2. 24 EL REG.	The state of	SIGNATURE	70 13	9 4	1119	Thursday	0/1	-/ m	7	•
<u> グェンク マコー</u>	<u>vij naus</u>	z 7. ja	(Licensed Embelme	<u> </u>	Detti on Barre	e Side)	, une	7/m /V	med	uu.
			A TANKS OF THE PARTY OF			,				

	•		
STATEMENT	RY	LICENSED	EMBALMER

•	•		
I hereby certify that the body whose name is	recorded on the reverse side of this	certificate was embalmed by me, or	by
		Student Embalmer No	·
working under my personal supervision,	•	1-	
	Q	My my	

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.